

DEPARTMENT OF DRIVERS SERVICES  
THIRD PARTY TESTER APPLICATION

**SECTION I. Completed by the facility that is requesting testing privileges.**

Last Name	First Name	Middle Initial	
Street Address		Mailing Address	
City	State	Zip Code	County
Name of Facility/Organization		Daytime Telephone Number	
Alternate Telephone Number (Cell)	Number of Buses (if applicable)		

1. Reason you are requesting to be a test site: \_\_\_\_\_  
\_\_\_\_\_
2. Number of individuals you will test per month: \_\_\_\_\_
3. Does your organization have facilities available for a classroom? \_\_\_\_\_
4. Does your organization have facilities available for a basic control skills course? \_\_\_\_\_
5. Is your classroom instruction and skill testing supervised by a safety officer or manager? \_\_\_\_\_  
If yes, provide name \_\_\_\_\_
6. Does your organization maintain adequate driver records reflecting the driver history of each employee?  
\_\_\_\_\_
7. Is the applicant a regular employee who has been with your organization a minimum of two years?  
\_\_\_\_\_

**SECTION II: Completed by the applicant that will attend the Third Party Examiner Training.**

Last Name	First Name		Middle Initial
Street Address	City	State	Zip Code
Driver License Number	State Issued	Expiration Date	Class/Endorsements

1. Have you been convicted of any serious moving violation(s) within the preceding three years?  
\_\_\_\_\_
2. Have you been enrolled or participated in a state approved Risk Reduction Program?  
\_\_\_\_\_
3. Have you ever been licensed as a Third Party Examiner in Georgia or any other state?  
If yes, please provide specific information (i.e. name, state, license number).  
\_\_\_\_\_

Submit Completed Application to:  
Department of Driver Services  
Licensing and Records Division  
2206 East View Parkway  
Conyers, GA 30094